

**From:** Pam Bailey <pamela.bailey@omniplushealthcare.com>  
**Sent:** Monday, April 20, 2015 5:33 PM  
**To:** Scott Breimeister; Leonard Carr; 'Brian'  
**Cc:** Brad Madrid  
**Subject:** Viesca SB scripts  
**Attachments:** Amburn.pdf; Bengco.pdf; Chanler.pdf; Choi.pdf; Coleman.pdf; Grochala.pdf; Hale.pdf; Kempinski.pdf; Kerwin.pdf; LOPEZ.pdf; McDermott.pdf; MCJIMPSON.pdf; Murillo.pdf; Pavia.pdf; Pritchard.pdf; Santiago.pdf

Here are his scripts to be signed.



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<b>Patient</b>		<b>DOB</b>	
Kenneth Amburn		[REDACTED]	
Home Phone	[REDACTED]	Cell Phone	
Address [REDACTED]			
City	El Paso	State	TX
Zip		79934	
Allergies Cephalexin, Levetiracetam			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7: Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women: (No Finasteride)**

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness****SB-1:**

5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**

Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.002

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		<b>DOB</b>	
Harold Bengco		[REDACTED]	
Home Phone	Cell Phone		
Address			
City	El Paso	State	TX
Allergies		Zip 79934	
NKDA			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact****Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B****(Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A:****Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women:** (No Finasteride)

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness**

**SB-1:**  
 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**  
 Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.003

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		<b>DOB</b>	
Home Phone [REDACTED]		Cell Phone [REDACTED]	
Address [REDACTED]			
City Cotton Valley		State <del>TX</del>	Zip 71018
Allergies NKDA			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women:** (No Finasteride)

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness****SB-1:**

5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**

Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.004

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		<b>DOB</b>	
Sigi Choi		[REDACTED]	
Home Phone [REDACTED]		Cell Phone	
Address [REDACTED]			
City El Paso		State TX	Zip 79904
Allergies NKDA			
Diag.			

<b>Insurance info</b> oomps		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women: (No Finasteride)**

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness****SB-1:**

5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**

Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.005

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		<b>DOB</b>	
Patricia Coleman		[REDACTED]	
Home Phone	Cell Phone		
Address [REDACTED]			
City El Paso	State TX	Zip 79934	
Allergies NKDA			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7: Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women: (No Finasteride)**

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness****SB-1:**

5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**

Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.006

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		<b>DOB</b>	
Home Phone [REDACTED]		Cell Phone	
Address [REDACTED]			
City El Paso		State TX	Zip 79938
Allergies NKDA			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7: Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women: (No Finasteride)**

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness****SB-1:**

5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**

Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.007

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		<b>DOB</b>	
Home Phone [REDACTED]		Cell Phone	
Address [REDACTED]			
City El Paso		State TX	Zip 79924
Allergies NKDA			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women:** (No Finasteride)

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness**

**SB-1:**  
 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**  
 Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.008

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		<b>DOB</b>	
Home Phone		Cell Phone	
Address			
City	El Paso	State	TX
Zip	79912		
Allergies			
NKDA			
Diag.			

<b>Insurance info</b> oomps		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7: Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women: (No Finasteride)**

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness****SB-1:**

5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**

Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.009

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		<b>DOB</b>	
Robert Kerwin			
Home Phone		Cell Phone	
Address			
City		State TX	Zip 79936
Allergies NKDA			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women: (No Finasteride)**

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness**

**SB-1:**  
 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**  
 Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.010

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		<b>DOB</b>	
DOLORES LOPEZ			
Home Phone		Cell Phone	
Address			
City LAS CRUCES		State NM	Zip 88011
Allergies NKDA			
Diag.			

<b>Insurance info</b>			OOMPS
Carrier:			
Bin#		PCN#	
Group #			
Member ID #			
Workers Comp		Yes	No
DOI		Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women:** (No Finasteride)

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness****SB-1:**

5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**

Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.011

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		<b>DOB</b>	
Billy McDermott		[REDACTED]	
Home Phone	[REDACTED]	Cell Phone	[REDACTED]
Address		[REDACTED]	
City	State TX	Zip	79934
Allergies NKDA			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women: (No Finasteride)**

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness**

**SB-1:**  
 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**  
 Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.012

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		<b>DOB</b>	
LUKEK MC JIMPSON			
Home Phone		Cell Phone	
Address			
City	LOS ANGELES	State	CA Zip 90065
Allergies SULFONAMIDES			
Diag.			

<b>Insurance info</b> OOMPS		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women: (No Finasteride)**

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness**

**SB-1:**  
 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**  
 Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.013

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		<b>DOB</b>	
Home Phone		Cell Phone	
Address			
City El Paso		State TX	Zip 79934
Allergies			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women:** (No Finasteride)

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness**

**SB-1:**  
 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**  
 Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.014

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		DOB	
Home Phone		Cell Phone	
Address			
City El Paso		State TX	Zip 79907
Allergies			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women:** (No Finasteride)

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness****SB-1:**

5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**

Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.015

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		<b>DOB</b>		<b>Insurance info</b> oomps	
Thomas Pritchard				Carrier:	
Home Phone		Cell Phone		Bin#	
Address				PCN#	
City El Paso		State TX		Group #	
Allergies		Zip 79906		Member ID #	
Diag.				Workers Comp	
				Yes	
				No	
				DOI	
				Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women:** (No Finasteride)

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness****SB-1:**

5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**

Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.016

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient</b>		<b>DOB</b>	
Home Phone [REDACTED]		Cell Phone [REDACTED]	
Address [REDACTED]			
City El Paso		State TX	Zip 79925
Allergies Aspirin			
Diag.			

<b>Insurance info</b> oomps		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL**

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SCAR**☐ **Scar**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
☐ **For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%

☐ **For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**STRETCH MARK**☐ **Stretch Marks / Elasticity**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
 Hyaluronidase ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**DERMATOLOGICAL/ACNE**☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone ..... 1%  
 Methylcobalamin .. 0.07%  
 Coenzyme Q10 ..... 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **TX ACNE #3B (Topical)**

Erythromycin ..... 2%  
 Niacinamide ..... 5%  
 Clindamycin ..... 1%  
 Urea ..... 20%  
 Benzoyl Peroxide ..... 2.5%  
 Fluticasone ..... 1%  
 Silver Nitrate ..... 0.03%  
 Tea Tree Oil ..... 3%

**SIG:** Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

**Qty:** 120 gm

**Refills:** \_\_\_\_\_

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**SPECIALTY**☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen ..... 10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Tretinoin ..... .01%

☐ **For women:** (No Finasteride)

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ \_\_\_\_\_

**Refills:** \_\_\_\_\_

**METABOLIC SUPPLEMENTS**☒ **Super-SB: General Wellness**

**SB-1:**  
 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mcg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**SB-2:**  
 Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** PRN

**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** ☐ 30 capsules

**Refills:** \_\_\_\_\_

**BONE HEALTH**☐ **KP-71: Bone Health**

**KP-71:** Vitamin D3 ..... 20 mg  
 Magnesium Oxide ..... 400 mg  
 Zinc Gluconate ..... 69.6 mg  
 Boron ..... 1 mg  
 Copper Gluconate ..... 7.14 mg  
 Betaine ..... 25 mg  
 Coenzyme Q10 ..... 100 mg  
 5-MTHF ..... 5 mg

**SIG:** Take 1 capsule by mouth once daily or as directed

**Qty:** 30 capsules **Refills:** \_\_\_\_\_

**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** \_\_\_\_\_

☐ **Other** \_\_\_\_\_

**Prescriber Name:** Carlos Viesca **NPI #:** 1609856194

**Lic. #:** \_\_\_\_\_ **DEA#:** BV8086591 **Phone #:** 915-533-7465 **Fax#:** \_\_\_\_\_

**Address:** 1755 Curie El Paso, Texas 79902

GX1054.017

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** \_\_\_\_\_